

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

INSTRUCTIONS

The following application consists of an instruction page and four pages which require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. The Board will consider only those applications that are properly completed.

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you.

Applicants for examination must provide written evidence satisfactory to the board of either:

1. Successful completion of a course of study for a baccalaureate degree and of the receipt of such degree from an accredited institution of higher learning;

OR

2. Two (2) years of satisfactory practical experience in management in a health care facility for each year of required post high school education.

AND

3. Successful completion of an administrator-in-training program as described in section 54-1610, Idaho Code.

Applicants for licensure by endorsement may, upon Board receipt of a completed application and the required fees, receive a temporary practice permit.

Applicants who have successfully completed a course of study for a master's degree in health administration related to long-term care, or who has successfully completed a course of study for a master's degree in health administration and has one (1) year management experience in long-term care and who has been awarded such degree from an accredited institution of higher learning are eligible for the examination without additional preparation.

APPLICATION FEE \$100.00

ENDORSEMENT FEE \$100.00

ORIGINAL LICENSE FEE \$150.00

TEMPORARY PERMIT FEE \$100.00

ADMINISTRATOR IN TRAINING FEE \$100.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

E-mail – nha@ibol.idaho.gov

Web site – www.ibol.idaho.gov/nha.htm

IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

(see instructions)

I hereby submit my qualifications for a license to practice as a Nursing Home Administrator in the State of Idaho under the provisions of Title 54, Chapter 16, Idaho Code as amended. This application is for:

☐ Administrator-In-Training

☐ Examination

☐ Endorsement

1. **Full Name (Mr., Mrs., or Ms.)** _____
2. **Mailing Address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
4. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
5. **Attained Baccalaureate degree from** _____ **on** _____ **Majoring in** _____
(Official university/college transcripts must be received by this office directly from the school registrar.)
6. **Attained Masters degree from** _____ **on** _____ **Majoring in** _____
(Official university/college transcripts must be received by this office directly from the school registrar.)
7. **List the title of the Masters degree program** _____
8. **Do you have practical experience in a licensed health care facility?** ☐ Yes ☐ No
(If Yes, please list that experience on the Addendum.)
9. **Have you ever taken the NAB examination for Nursing Home Administrators?** ☐ Yes ☐ No
(If Yes, official documentation must be received directly from said entity by this office.)
10. **Are you currently or have you ever been licensed to practice in any state, country, etc.?** ☐ Yes ☐ No
(If Yes, certified documentation must be received directly from each issuing authority by this office.)
11. **Have you ever had any license, or registration revoked, suspended or otherwise sanctioned?** ☐ Yes ☐ No
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
12. **Have you ever been convicted of any felony or of any offense involving moral turpitude?** ☐ Yes ☐ No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

Complete and attach the entire APPLICATION ADDENDUM.

AFFIDAVIT

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with all Idaho Laws and Rules, governing the practice of Nursing Home Administration.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

APPLICATION ADDENDUM

A. CHARACTER REFERENCES: Please attach the names and current addresses of two (2) persons willing to provide reference regarding your character. (This office will send the required forms to the persons you list. We must receive a letter of reference from each person listed before your application will be processed. References are not required for AIT applicants)

_____	_____
name	name
_____	_____
position & license number	position & license number
_____	_____
current address	current address
_____	_____
city, state, zip	city, state, zip

B. RELATED WORK EXPERIENCE: List your work experience including employers names, addresses, phone numbers and dates of experience.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

(If more space is needed, attach a separate sheet of paper)

(continued)

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

APPLICATION ADDENDUM

(continued)

C. PHOTOGRAPH: Please attach an original passport style photograph of yourself below.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

D. CURRENT LICENSES AND REGISTRATIONS: Please list below any licenses or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DISCRIPTION _____

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DISCRIPTION _____

LICENSURE/CERTIFICATION TITLE _____

ISSUING ENTITY _____

DATE ISSUED _____ **CURRENT STATUS** _____ **EXPIRATION DATE** _____

IF EVER SANCTIONED, LIST REASON AND SANCTION DISCRIPTION _____

(If more space is needed, attach a separate sheet of paper.)

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

APPLICATION ADDENDUM

NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM

PRECEPTOR AGREEMENT

Administrator-In-Training Name _____

Employing Facility _____

Facility Address _____
Street/PO Box City State Zip

Section 54-1610, Idaho Code. "Every applicant for a Nursing Home Administrator license who shall have otherwise qualified under provisions of section 54-1605 shall serve for a one (1) year period under the supervision of a duly licensed and registered Nursing Home Administrator in accordance with the rules of the Board. At the expiration of the one-year-in training period, said applicant shall be eligible to take the examination."

Rule 400.05. Preceptor Certification.

- a. A nursing home administrator who serves as a preceptor for a nursing home AIT must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify the Idaho licensed nursing home administrator to be a preceptor who:
 - i. Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and
 - ii. Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board.
- b. The orientation course will cover the philosophy, requirements and practical application of the nursing home AIT program and a review of the six (6) phases of nursing home administration as outlined in Rule 400.03.

Preceptor _____ License # NHA-_____

Address _____
Street/PO Box City State Zip

PRECEPTOR AFFIDAVIT

I hereby swear or affirm that I have read and will comply with the laws and rules governing the Administrator-In-Training program in Idaho and that I agree to serve as preceptor for the above named Administrator-In-Training applicant.

Signature of Preceptor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____